



# CREDIT CARD AUTHORIZATION SPECIAL EVENT/MOTION PICTURE FEES

**PAYMENT FOR SPECIAL EVENTS MUST BE COMPLETED EITHER IN PERSON OR VIA PHONE.**

Please see Privacy Notice on page 2.

This acknowledgment solely authorizes processing of payment in accordance with an approved payment method. Completion of this form does not constitute payment until successfully completed using the designated channels. For more information, please contact or visit the Office/District below.

CA STATE PARKS OFFICE/DISTRICT	PHONE NUMBER
LOCATION (STREET) ADDRESS	
<b>FOR CALIFORNIA STATE PARKS USE:</b>	
PERMIT NUMBER: _____ PCA: _____	
DATE(S) OF EVENT: _____	

COMPANY/INDIVIDUAL CONTACT AND BILLING INFORMATION			
COMPANY NAME		CONTACT NAME AUTHORIZED TO SIGN	
BILLING ADDRESS		CITY	STATE ZIP
CONTACT PHONE NUMBER	FAX	E-MAIL ADDRESS	
NAME AS IT APPEARS ON CREDIT CARD		AMOUNT AUTHORIZED	
<p><b><i>I am an authorized signer for this card and account. My signature below acknowledges and hereby authorizes the use of the credit card payment in person or via phone for the fees and costs as prescribed and explained by California State Parks.</i></b></p>			
SIGNATURE		PRINTED NAME	DATE

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PRIVACY NOTICE**

*Civil Code section 1798.17 requires a Privacy Notice on Collection be provided when personal information is collected from individuals.*

*Please do not include any personal information that is not requested.*

*Each individual has the right to review personal information maintained by this agency, unless access is exempted by law. You may review your records by contacting the official responsible for maintaining your information below. We will not disclose your personal information unless authorized by law.*

*To learn more about our Privacy Policy, visit [parks.ca.gov/privacy](https://parks.ca.gov/privacy)*

AGENCY NAME Department of Parks and Recreation	DIVISION Park Operations Administrative Services
TITLE OF OFFICIAL RESPONSIBLE FOR MAINTENANCE OF THE INFORMATION Staff Services Manager II	CONTACT PHONE NUMBER (916) 716-3156
BUSINESS ADDRESS OF OFFICIAL PO Box 942896; Sacramento, CA 94296-0001	CONTACT EMAIL <a href="mailto:ParkOpsNOCRequests@parks.ca.gov">ParkOpsNOCRequests@parks.ca.gov</a>
AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION Public Resources Code section 5010	
THE FOLLOWING ITEMS OF INFORMATION ARE VOLUNTARY, ALL OTHERS ARE MANDATORY All information requested on the application is mandatory unless marked as optional.	
THE CONSEQUENCES, IF ANY, OF NOT PROVIDING ALL OR ANY PART OF THE REQUESTED INFORMATION Payments for special events/motion picture fees will not be processed.	
THE PRINCIPAL PURPOSE(S) WITHIN THE AGENCY FOR WHICH THE INFORMATION IS TO BE USED The information will be used to authorize credit card payments in compliance with regulatory requirements.	
KNOWN OR FORESEEABLE DISCLOSURES OF THE INFORMATION PURSUANT TO CIVIL CODE SECTION 1798.24, SUBDIVISIONS (e) OR (f) Information may be disclosed as required by law or in response to subpoenas, audits, or investigations. Limited data may be used for the administration of your special event or film permit.	